

Environmental Health Department
111 Union Square SE , Suite 300 Albuquerque, NM 87102
Main Phone 314-0310 Fax 314-0480



TODAYS DATE:_____ PERMIT TYPE: _____

RESTAURANT / ESTABLISHMENT NAME

SITE ADDRESS

OWNER

PHONE

RECEIPT NO:

MAILING
ADDRESS

CITY

ZIP

CONTACT PERSON

PHONE

FAX

COMPANY NAME

PHONE

FAX

BUSINESS LIC #

☐ NEW
FOOD SERVICE

☐ RENEWAL
FOOD SERVICE☐ BARS/
LOUNGES

☐ NEW NON-PROFIT FOOD

☐ RENEWAL NON
PROFIT FOOD

☐ PRODUCE

☐ NON PROFIT
POOL

☐ PROFIT
POOL

- ☐ My menu items consist of potentially hazardous foods, which require advanced preparation, several hours or days before serving/My restaurant prepares food for populations such as the elderly, very young, and ill persons. (Such as: full service restaurants, banquet halls, health care facility, schools and youth camps.)
- ☐ My establishment has a menu involving limited preparation of potentially hazardous foods for rapid service with short holding times. (Such as: fast food restaurants, pizza parlors, bakeries and sandwich shops.)
- ☐ My establishment generally serves non-potentially hazardous food and/ or does not prepare potentially hazardous foods. (Such as: bars, taverns, ice cream parlors and donut/coffee shops.)

SWIMMING POOL.....		\$75.00
FOOD PROCESSOR.....	Minimum	\$37.50
1/10 of 1% of gross sales	Maximum	\$175.00
FOOD SERVICE.....	Minimum	\$37.50
1/10 of 1% of gross sales	Maximum	\$175.00
BARS/TAVERNS.....	Annually	\$80.00
SEA FOOD VENDERS.....		\$50.00
FOOD SERVICE.....	Temporary	\$30.00
PRODUCE.....		\$30.00

I certify that the gross sales for the above establishment was \$_____ for the year beginning January 1, 2002 through December 31, 2002.

To determine your permit cost, divide gross sales by 1000. If the amount is less than \$37.50, you pay the minimum of \$37.50. If the amount is greater than \$175.00 then you pay the maximum \$175.00. If the amount is between these two, you pay that amount.

AMOUNT ENCLOSED:

(Please Print Name)

Signature of Owner or Authorized Agent